

DOCUMENT NAME: Mass Transit Fare Benefit Program
DAFIS DOCUMENT TYPE: 17

1. **Description:** Reimbursement of claims, not to exceed \$100.00, for authorized Coast Guard personnel to use approved public, mass transportation through the Mass Transit Fare Benefit Program.
2. **Primary Forms:** SF-1164, Claim for Reimbursement for Expenditures on Official Business
3. **Related Forms:** None
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 17023126ZN550M00

<u>Document Type</u>	<u>FY Issued</u>	<u>Procurement Site</u>	<u>FY Funded</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Seq</u>	<u>Suffix</u>
17	02	31	2	6	ZN	550	M00

Note: Suffix is always M00. See Chapter 5 for document numbering information.

5. Accounting Data:

SAMPLE: 2/F/201/136/30/0/AB/12345/122Z

6. FINCEN Critical Processing Requirements:

- a. Claims for Mass Transit Fares must be forwarded to FINCEN for processing. The original paid receipt must be attached to the claim.
- b. All claims must be submitted with the following:
 - (1) Standard DAFIS document number and accounting data.
 - (2) Name, SSN, and mailing address of claimant-block 4 a,b,c.
 - (3) Description of expenditures should contain month and year of claim in block a.
 - (4) Approving official signature required – block 8.
 - (5) Amount claimed- block 7 shall not exceed \$100.00.
 - (6) Claimant signature required-block 10.
 - (7) Original paid receipt.
- c. Submitted hard copy of documents must be legible.
- d. The proper mailing for document type 17 (mass transit) is:
Commanding Officer, USCG Finance Center, PO Box 4114,
Chesapeake, VA 23327-4114.

7. LUFS-NT Information:

- a. Standard generic input is made through the Simplified Acquisitions Applet under the Miscellaneous Obligations icon.
- b. Obligations will transmit electronically via LUFS-NT.

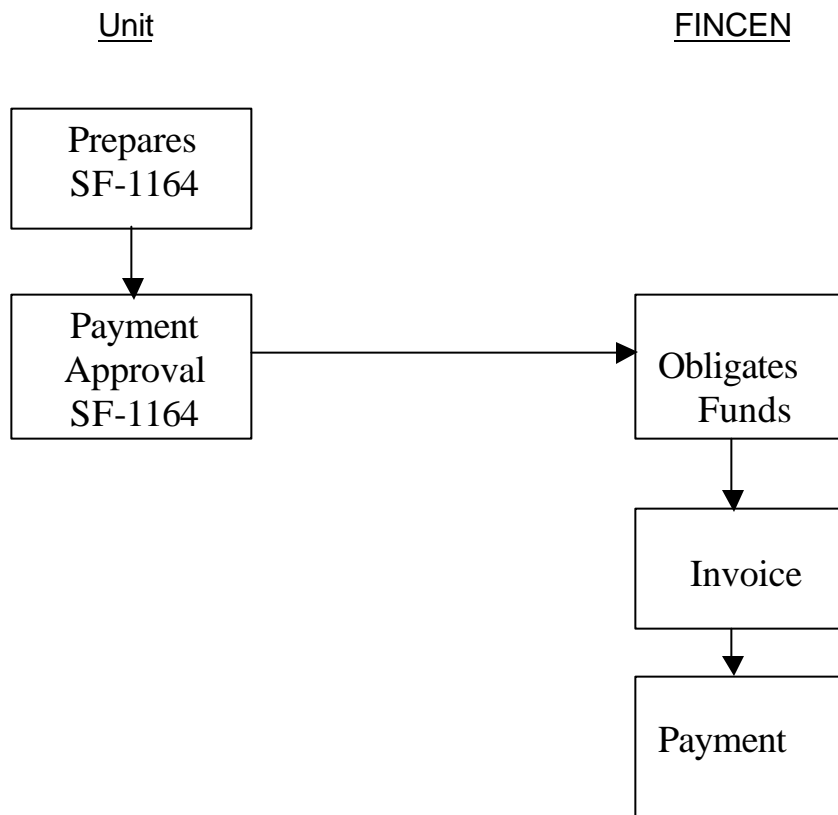
8. Document flow:

Figure 12C-37 Mass Transit Fare Benefit Program

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Commanding Officer USCG Finance Center 143DA Kristina Way, Ches, VA 23326		2. VOUCHER NUMBER 3. SCHEDULE NUMBER				
Read the Privacy Act Statement page 2 of this form.								
C L A I M A N T	4. a. NAME (Last, first, middle initial) Brown, John		b. SOCIAL SECURITY NO. 123-45-6789		5. PAID BY			
	c. MAILING ADDRESS (include ZIP Code) 1919 Bird Lane Ohio, NC 21223		d. OFFICE TELEPHONE NUMBER (757) 331-0007					
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the Claimant.)								
DATE		Show appropriate code in col. (a): A - Local travel B - Telephone or telegraph, or C - Other Expenses (Itemized)		MILEAGE RATE	AMOUNT CLAIMED			
				\$	MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCEL- LANEOUS
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
July								
2002	C	MASS TRANSIT FARE	BENEFIT PROGRAM			100.00		
				SUBTOTALS CARRIED FORWARD FROM THE BACK				
If additional space is required continue on page 2.				TOTALS				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)).				100.00				
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included the approving official must have been authorized in writing, by the head of the department or agency to so certify (51 U.S.C. 660a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. <i>Sign Original Only</i> PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH CLAIMANT SIGN HERE <i>[Signature]</i> DATE <i>7/15/02</i>				
APPROVING OFFICIAL SIGN HERE <i>[Signature]</i> DATE <i>7/16/02</i>				11. CASH PAYMENT RECEIPT 12. PAYMENT MADE BY CHECK NO.				
AUTHORIZED CERTIFYING OFFICER SIGN HERE								
9. This claim is certified correct and proper for payment. <i>Sign Original Only</i>				13. DATE RECEIVED 14. AMOUNT				
ACCOUNTING CLASSIFICATION 17023127AB550 2/P/201/136/30/0/AB/12345/122Z								

Figure 12C-38 SF 1164, Claim for Reimbursement for Expenditures on Official Business

9. **Sample Form:** See Figure 12C-38.

10. **PES Report Sample:**

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
17023126ZN550M00	051	02206FHAC	12345	122Z	0.00	100.00	0.00	0.00
17023126ZN550M00	102F	02206FHAC	12345	122Z	0.00	100.00-	0.00	100.00
17023126ZN560M00	103F	02206FH10	12345	122Z	0.00	0.00	0.00	100.00

Note: Direct expenditures, DAFIS transaction code 103F, are processed when no obligation has been recorded.

11. **References:** None.